

REGISTERING AS A PHYSICIAN, CHIROPRACTOR, OPTOMETRIST OR OSTEOPATH

Pursuant to MGL Chapter 112, in order to operate as a physician, chiropractor, optometrist or osteopath, you must register at the City Clerk's Office, at the following address:

City Clerk's Office
Lowell City Hall, Room 31
375 Merrimack St.
Lowell, MA 01852
(978) 970-4161
www.lowellma.gov

The City Clerk's Office accepts registrations Monday- Friday 8:00AM- 5:00PM.

- The fee for registering is \$20.00
- The fee for changing or terminating a registration is \$10.00
- Certified copies are \$5.00 each

Once filed, a registration need not be re-filed unless your information changes.

To file, change or terminate a registration by mail, fill out the form (page 2) completely. Mail the form with a check or money order for the appropriate fee to the address above.

The City of Lowell
Physician, Chiropractor, Optometrist or Osteopath Registration

Date_____

_____New Registration

_____Change in Information

_____Termination

FOR CITY CLERK'S OFFICE ONLY

Date Recorded_____

Amount Paid_____

I, the undersigned, herewith present MA Registration Number_____to the City of Lowell. I intend to conduct the practice of:

_____Physician

_____Chiropractor

_____Optometrist

_____Osteopath

My office or usual place of business is:

Street Address_____

City, State, Zip_____

Telephone_____

I hereby certify that the information above is true and accurate.

Signature_____

Print Name_____